



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: STARKE MEMORIAL HOSPITAL (IU)

City of Hospital: KNOX

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Stephen Swihart

Email Address: s.swihart@lph.org

Medicare Provider Number: 150102

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10722489
Outpatient Patient Service Revenue	\$60570157
Total Gross Patient Service Revenue	\$71292646

2. Deductions From Revenue

Contractual Allowance	\$52800822
Other Deductions	\$557995
Total Deductions	\$53358817

3. Total Operating Revenue

Net Patient Service Revenue	\$17933829
Other Operating Revenue	\$526133
Total Operating Revenue	\$18459962

4. Operating Expenses

Salaries and Wages	\$6463684	Employee Benefits	\$1342748
Depreciation and Amortization	\$757676	Interest Expense	\$-1823763
Bad Debt	\$2745090	Other Expenses	\$8458123
Total Operating Expenses	\$17943558		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$516404	Total Assets	\$6741227
Net Non-operating Gains over Loss	\$-46605	Total Liabilities	\$3767994

Total Net Gains	\$469799
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$24611473	\$21041855	\$3569618
Medicaid	\$18442641	\$16123290	\$2319351
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$21552152	\$16193665	\$5358487
Total	\$64606266	\$53358810	\$11247456

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$13600	\$-13600

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$11359	\$-11359
Hospital Patients	\$0	\$49904	\$-49904
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	122
Number of Hospital Patients Educated	9288
Number of Citizens Exposed to Health Education Messages	20830

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$511910	
HCI Payments	\$0		
Subtotal	\$0	\$511910	\$-511910
Medicaid Shortfalls	\$2427785	\$5102843	
Subtotal	\$2427785	\$5614753	\$-3186968
DSH Payments	\$0		
Subtotal	\$2427785	\$5614753	\$-3186968
Medicare Shortfalls	\$4361279	\$6809681	
Other Government Programs	\$0	\$0	
Total	\$6789064	\$12424434	\$-5635370

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$2364	\$-2364
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$228809	\$-228809
Other Allocations	\$0	\$0	\$0

Comments

No longer a not-for-profit organization, so no longer file form 990 and related schedule H.

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